

## MONTHLY ASSESSMENT FORM

Area:			Date:	
Inspector Name:			Signature:	
<b>Tanks</b>				
	Yes/No	Comment		
Signs of leakage				
Tank condition ok				
Foundation condition ok				
Drain valves locked				
Water in tank				
Gauges/alarms working properly				
<b>Containment Area</b>				
Signs of oil in containment area				
Containment ok				
Drainage valves or openings closed				
<b>EERAP Transformers</b>				
Signs of leakage				
External Drain valve plugged				
Concrete pad and diversionary structures condition ok				
<b>Truck Loading and Unloading Areas</b>				
Signs of leaks or spills				
Warning signs posted or wheel chocks used				
<b>Security</b>				
Lighting functioning properly				
Fences and gates intact				
Gates locked or guarded when facility is unattended				